

# 509th MEDICAL GROUP PATIENT HANDBOOK



## 509th MDG Clinic Hours

Monday-Thurs  
Friday

7:30 a.m. to 4:30 p.m.  
8:30 a.m. to 4:30 p.m.

Closed for training after 12:00 p.m. the  
2nd Wednesday of every month.

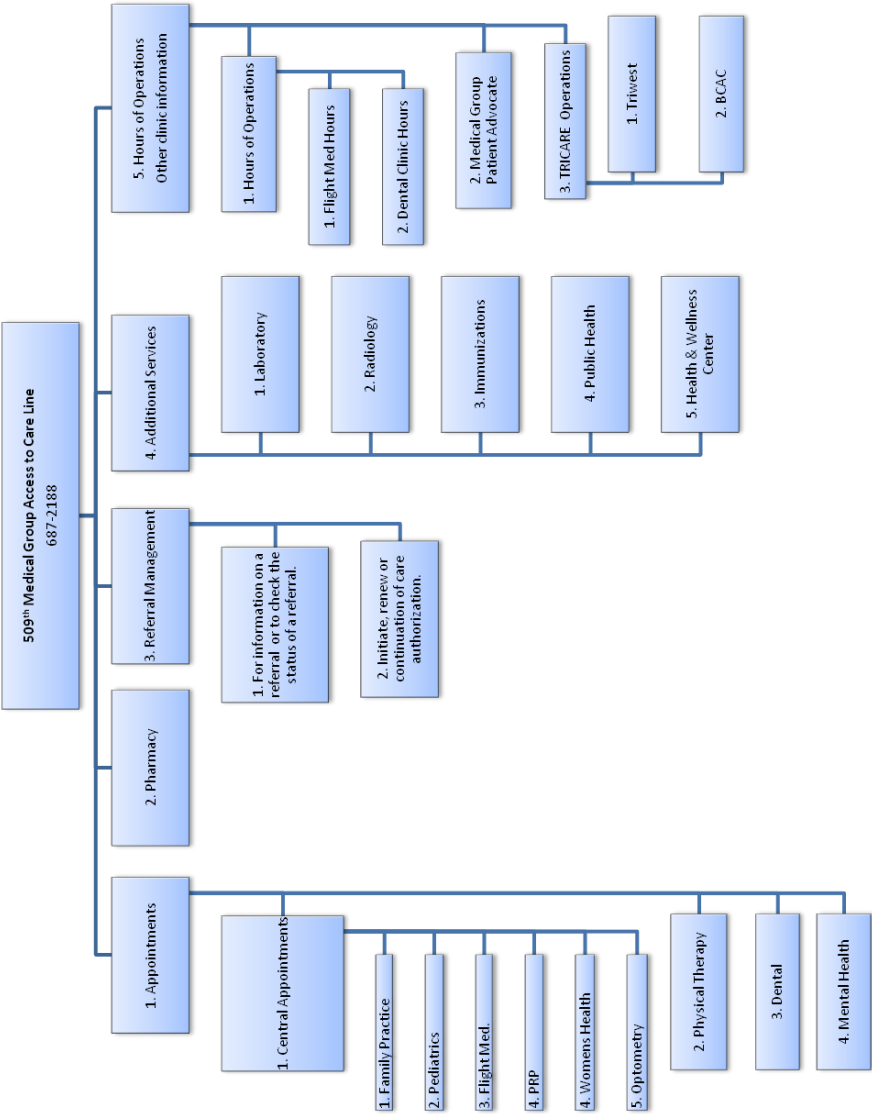
Website: <http://www.whiteman.af.mil/units/509mdg/index.asp>

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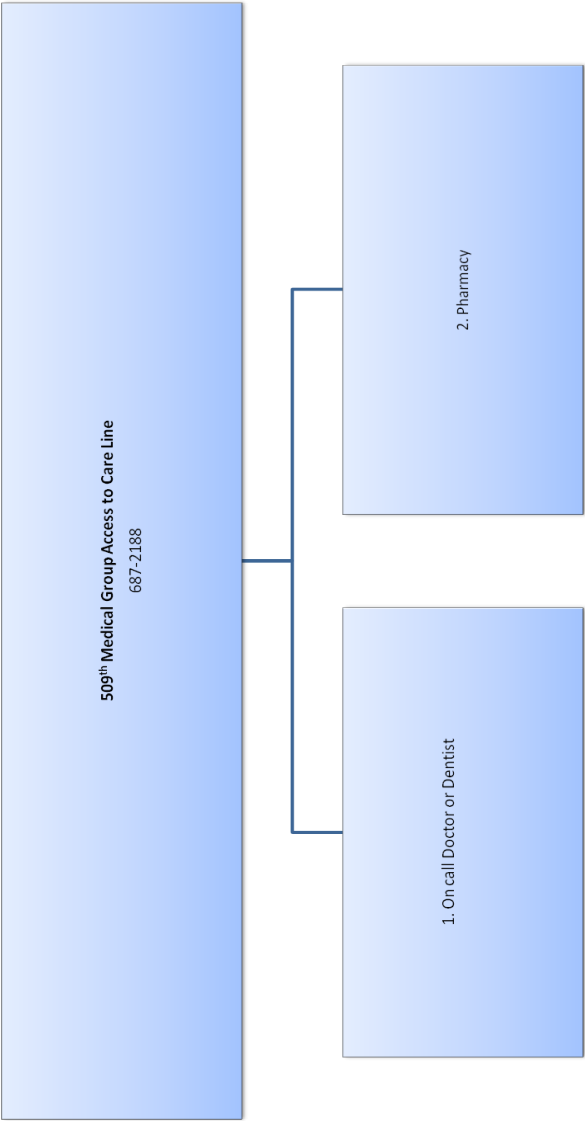
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# Access to Care Phone System During Hours of Operation



Access to Care Phone System After Hours of Operation



## **Individual Medical Responsibilities For Personnel Reliability Program (PRP) Members**

Each time you visit the MDG, you must check in with the PRP office. Your ID card will be exchanged for a "PRP" badge that must be worn at all times. This badge is to be worn on the upper torso in plain sight. The purpose of the badge is to identify you as a PRP member. It is designed to ensure MDG personnel are aware of your PRP status and that all requirements of PRP are met.

You are ultimately responsible for informing MDG personnel that you are on PRP. If you have any questions about your responsibilities while on PRP status, please call the MDG PRP monitor at 687-4299.

# **ARE YOU ON PRP?**



# **ALWAYS NOTIFY THE MEDICAL STAFF IF YOU ARE ON PRP**

# TRICARE

## How can I enroll in TRICARE Prime?

Active duty and family member enrollment is usually completed during medical in-processing. All other beneficiaries can enroll on a voluntary basis by visiting the TriWest Service Center located in the 509th Medical Group and completing an enrollment application.

"Space A" Care - Eligible beneficiaries who choose not to enroll in PRIME or TRICARE Plus will be seen only for acute care on a space available basis. They must call after 12:00 p.m. to ask whether an acute appointment is available that day.

## Where do I enroll?

- To enroll in TRICARE Prime, visit the TRICARE Service Center (TSC) in the 509th Medical Group, (collocated with the Referral Management Center.)
- Enrollment may be completed at the TSC or the form may be mailed to the address identified in the enrollment information.
- You can also enroll on line at <http://www.triwest.com>

## Defense Enrollment Eligibility Reporting System (DEERS)

In order to enroll in TRICARE Prime, you must be registered in the Defense Enrollment Eligibility Reporting System (DEERS). DEERS is a computerized data bank that lists all active and retired service members, and their families. Report any changes to family member's status (marriage, divorce, birth or adoption of a child, etc.), or change to mailing address. Please ensure newborn children are registered with DEERS and TRICARE within 60 days of birth date. When seeking medical care, checks for a valid ID card and medical eligibility are required for all visits. If your status in DEERS shows "ineligible," you must go to the Military Personnel Flight customer service section to update/correct your information. You can verify your family's information is current by calling the DEERS Telephone Center toll free Monday through Friday from 9:00 a.m. to 6:30 p.m. EST at 1-800-538-9552 (in California, call 1-800-334-4162), or visit them on-line at <http://www.tricare.osd.mil/deers/default.cfm> and go directly to the DEERS address change page.

## **TRICARE Assistance**

### **REFERRAL MANAGEMENT CENTER (RMC)**

The RMC is a one stop shop for all referral issues. If your provider completes a referral, the RMC will help you select a provider for your specialty care. If you have not received your authorization letter for referral care you can contact TriWest at 1-888-874-9378.

### **BENEFICIARY COUNSELING AND ASSISTANCE COORDINATOR**

Beneficiary Counseling and Assistance Coordinators (BCACs) serve as problem-solvers for patients. They work with the Military Treatment facility, staff, contractors, and claims processors to resolve patient concerns and questions regarding TRICARE. The Whiteman AFB BCAC can be reached at 687-2188, option 5, option 3, and then option 2 or by stopping by the RMC.

### **BILLING PROBLEMS**

Patients with billing problems should call 1-888-874-9378 or visit the TRICARE Service Center (TSC). Anyone referred to a collection agency due to a TRICARE bill should come into the TSC in order to sign a release form authorizing TRICARE personnel to discuss the case with the collection agency.

### **CLAIMS INFORMATION**

Filing a claim can sometimes be a confusing process. Here are some general guidelines to help you understand the process.

- Claims are filed when a patient sees a civilian provider.
- The exact process of filing a claim differs, depending upon the status of the provider (i.e., Prime, Extra, and Standard).
- In some cases, the provider will file the claim; in others, the patient is responsible.
- It is important to fill out the claim form correctly and to include any necessary paperwork.
- All TRICARE-eligible individuals must be enrolled in DEERS.



## Useful TRICARE Websites

### **DoD Military Health System Website** [www.tricare.osd.mil](http://www.tricare.osd.mil)

In addition to information about benefits, programs, policies and various resources, the site maintains the latest updates to your healthcare benefits.

### **TRIWEST** [www.triwest.com](http://www.triwest.com)

TriWest is the Managed Care Support Contractor (the contractor responsible for managing the TRICARE health care system) for the West region. The 509th Medical Group falls within the West region.

### **TRICARE Online** [www.tricareonline.com](http://www.tricareonline.com)

TRICARE Online links you and your family to healthcare services, resources and information through a secure Internet environment. You have the ability to schedule medical appointments through this site.

### **Whiteman AFB Homepage**

<http://www.whiteman.af.mil/units/509mdg/index.asp>

The Whiteman AFB Homepage maintains a myriad of information about base services, including the 509th Medical Group.

## Useful Dental Websites

### **United Concordia (Active Duty family members):** <http://www.ucci.com>

Active duty family members are strongly encouraged to use the TRICARE Dental Program (TDP). This program is a voluntary, comprehensive dental program offered worldwide by the Department of Defense to family members of all active duty Uniformed Service personnel, selected Reserve and Individual Ready Reserve (IRR) members and/or their families. For enrollment information, call United Concordia at 1-888-622-2256.

### **Delta Dental (Retirees and family members):**

<http://www.tricare.osd.mil/dental/default.cfm>

Retirees and their families are encouraged to use the TRICARE Retiree Dental Program (TRDP), or to seek coverage through other organizations. For enrollment information call 1-888-838-8737.

## **Primary Care Manager (PCM)**

A PCM is a healthcare provider who will take care of your basic healthcare needs and refer you to a specialist for more advanced care when necessary.

### **What are the benefits of having a Primary Care Manager? (PCM)**

- **Continuity of Care:** Seeing the same PCM for each visit improves the continuity of care. You will be receiving care from a provider familiar with your past medical history.
- **Preventive Care:** Your PCM will perform regularly scheduled checkups, screenings and examinations to ensure early detection of illnesses. The primary intent of these regular visits is to keep you and your family members healthy through preventive care and services.
- **Communication:** "One-on-one" communication with your PCM will keep you involved in the various options and decisions related to your health care needs.
- **After-Hours Access:** For urgent healthcare questions after-hours, call TriWest at 1-888-874-9378 or the 509th Medical Group's after hours PCM line at 1-800-334-2958.

### **PCM Assignments**

For active duty and active duty family members, PCM assignments are done based on your unit of assignment. Family members 17 years of age and under are assigned to Pediatrics for their primary care needs. Retiree and Retiree Dependents are assigned based on PCM availability.

### **PCM Changes**

Beneficiaries may submit a "TRICARE Prime Change Request & Disenrollment" form to request a change in PCM. This can be done at the TRICARE Service Center located in the 509th Medical Group. PCM changes are not automatic. All PCM change requests are reviewed for medical necessity and PCM availability. Patients receive a letter from TriWest if the PCM change occurs.

## **Appointments**

Priority for appointments is given to TRICARE Prime enrollees. In general, you should expect to be seen within 24 hours for an acute illness; within (1) one week for a routine visit; within (4) four weeks for preventive health visits.

### **What is my priority for care?**

Public Law ranks priority for care at the 509 MDG as follows:

1. Active duty personnel.
2. Active duty family members enrolled in TRICARE Prime.
3. Retirees, survivors and their family members enrolled in Prime.
4. Active duty family members not enrolled in Prime.
5. Retirees, survivors and their family members not enrolled in Prime.
6. Non-enrolled persons eligible for military healthcare will be seen at military hospitals and clinics on a space-available basis.

### **Making an Appointment, (660) 687-2188 (See Phone Tree pages 3-4)**

All acute, routine and specialty appointments for TRICARE Prime enrollees can be made through the appointment line or TRICARE ONLINE. For hearing impaired patients with access to a TDD phone, please call our TDD line at 687-5059.

Because a call sequencer is used, calls are answered in the order in which they are received. Have a calendar, paper and pencil available before calling the appointment desk, along with the following information:

SPONSOR'S social security number  
SPONSOR'S status (active duty, retired, etc.)  
Patient's name and date of birth  
Primary Care Manager's name  
The nature of the medical problem

### **Referrals/Specialty Care**

Patients may be referred to other medical facilities for evaluation and treatment if the required medical specialty is not available at Whiteman AFB. Your PCM makes specialty referrals. (See Referral Management Center information RMC page 7)

## **Emergency Care**

### **WHITEMAN AFB DOES NOT HAVE AN EMERGENCY ROOM – HAS AMBULANCE DISPATCH ONLY: WAFB**

#### **Ambulance Dispatch (Whiteman AFB, 24 hours): Call 911**

As a rule of thumb, a true emergency is a threat to life, limb and eyesight or threatening condition requiring immediate medical treatment. If you think you fit this category, **DON'T TAKE ANY CHANCES**, go to the nearest facility equipped to handle your situation, such as a hospital emergency room, or call 911. Emergency care does not require a pre-authorization, although you must call your PCM within 24 hours of receiving care @ 1-660-687-2188 or as soon as your medical condition permits.

For emergencies involving risk of loss of life, limb, or eyesight, ambulance response is available for Whiteman AFB and base housing. All ambulance requests go through the 911 dispatch. The ambulance may need to transport patients to the nearest civilian emergency room for treatment.

#### **Illnesses**

For a sudden, severe and unexpected medical condition (e.g., loss of consciousness, shortness of breath, chest pain, uncontrolled bleeding and drug overdose) or for a condition that threatens life, limb, or eyesight, dial 911 or go to the nearest hospital/emergency room. As soon as possible, be sure to notify your PCM. During or after duty hours call your PCM / MTF at 687-687-2188 or when out of the area call TriWest at 1-888-874-9378. If you receive emergency care outside of the clinic, contact your PCM within 24 hours to minimize personal out-of-pocket expense. All follow-up care must be approved by the PCM.

#### **Active Duty Procedures for Acute Care**

The 509 MDG encourages supervisors to determine what action is best for their subordinates. *When an active duty member determines that they may be too ill to work, they must first call their supervisor.*

Depending upon the nature of the injury or illness, the supervisor can: 1) Release the member from work for a period not to exceed 24 hours or 2) Have the member call the clinic to request a same day appointment. Appointment desk hours are 7:00 a.m. – 4:30 p.m. If the member is released to home for 24 hours and has not improved, they should call to request a same day appointment.

## **Out-of-Area Care**

### **What should I do if I'm a Prime enrollee and get sick while traveling outside my region?**

You should contact TriWest at 1-888-874-9378 or the 509th Medical Group's after hours PCM line at 1-800-334-2958. For non-emergency care you must first obtain authorization. If you see a physician without authorization for a non-emergent problem, you will still be covered for some of the costs incurred under the Point-of-Service option. That option pays 50 percent of the cost after a separate, somewhat higher deductible is met (\$300 for single enrollment and \$600 for family enrollment).

**Routine** – Under most circumstances, non-emergent or non-urgent care is not authorized while you are away from home. You must call your PCM to obtain authorization prior to obtaining non-emergency care.

**Urgent** - Care for a medical condition that, while not life or limb threatening, is serious enough that you cannot delay treatment, for example, eye or ear infections and suspected bladder infections. Call your PCM for authorization prior to seeing a provider.

**Emergency** - Go to the nearest facility that is equipped to handle the situation or call 911. TRICARE covers emergency medical services no matter where you are and which plan you use.

### **After Hours Care**

For urgent care needed after duty hours, down days, weekends or on Holidays call the aftercare number at 660-687-2188.

## Flight Medicine Services

Flight Medicine Services are available for all active duty members on flying/special operational status and their family members. This care includes routine adult care and routine gynecological care to include pap smears. Active duty acute care is available by appointment only during normal duty hours. Routine appointments are made by calling the Central Appointment Desk at 687-2188, option 1, option 1, then option 3, Monday through Friday from 7:30 a.m. – 4:30 p.m.

Only federally mandated physical exams other than AD AF PHAs (Preventive Health Assessment) are accomplished by this section. AD AF PHAs are scheduled through the unit health monitors.

## Gynecological Services and Obstetrical Care

For patient sensitivity reasons, child care arrangements must be made prior to your appointment at the GYN clinic. Routine appointments can be made by calling the Central Appointment line at 687-2188, option 1, option 1, and then option 4.

**Pregnancy Tests:** No appointment is necessary. Walk in daily to the laboratory. If your PCM's nurse receives a positive result from the laboratory, you will be contacted via phone. You need to be 1 week late with your menses or have a positive home pregnancy test before getting a clinic pregnancy test.

**Medication Refills:** Birth control, hormone pills, and other refills from the clinic can be accepted Monday – Friday. Any patient requesting a birth control refill must have a current pap smear.

**Obstetrics:** Obstetrical services are provided through the TRICARE Network. Personnel will be directed to the Referral Management Center for processing paperwork and locating a civilian healthcare provider.

## Pharmacy

\*\*\*Please call ahead if you are traveling a long distance\*\*\*

See Phone Tree pages 3-4

### **(THE PHARMACY DOES NOT ACCEPT CALL IN OR FAXED PRESCRIPTIONS.)**

#### **Available Medications**

The medications stocked in the pharmacy are determined by the Pharmaceutical and Therapeutics Committee of the 509th Medical Group. The medications used are based on their scope of practice. In addition, the pharmacy is required to carry medications listed on the "BASIC CORE FORMULARY". The "BASIC CORE FORMULARY" is a list of medications (determined by the DoD Pharmacoeconomic Center) that should be stocked at every military medical treatment facility. A listing of medications stocked by the 509th pharmacy is updated quarterly and is available from the pharmacy or online at

<https://www.whiteman.af.mil/units/509mdg/index.asp>

#### **Medication Pick-up Guidance**

Only the patient which the medication is prescribed for is authorized to pick up medication, unless the patient is under 18 or the patient authorizes a "patient representative" to pick-up their medication. An individual acting as the patient's representative (*family member, other relative, personal friend or any other person*) can pick up a prescription for the patient under the following circumstances: 1) the patient representative is at least 18 years of age. 2) the patient has identified in writing the patient representative as the individual authorized to pick up prescriptions.

#### **Phone-in Refill Service**

All prescription refills are filled via a 24 hour phone-in refill service. Refills are ready the next duty day when called in before 1600 hours. Phone-in refill service is (660) 687-2188, option 2 or (800) 334-2958. Refilled medications must be picked up within 10 days. After 10 days, the refilled medication will be returned to pharmacy inventory.

## **Laboratory**

The clinical laboratory provides basic diagnostic and therapeutic laboratory procedures for authorized beneficiaries. The College of American Pathologists accredits the clinical laboratory. Procedures not performed at this site are sent to an accredited laboratory for testing.

Shipped-out tests usually take two weeks for results to return. To expedite care, patients being seen by an off-base provider can have that provider's local laboratory perform all required tests.

The laboratory will process an outside provider's written lab orders. Written orders must include provider's DEA number, clinic address, telephone and fax numbers with all requests to avoid unnecessary delays in reporting lab results. Tests results will be transmitted via fax number to the ordering or requesting provider.

An authorized civilian or military provider must sign all laboratory requests. Questions regarding ordered tests and/or the results must be directed to your requesting provider. If needed copies of results may be obtained through Release of Information.



## **Radiology**

Radiology services at the Whiteman AFB clinic consist of diagnostic radiology and mammography. When a primary care provider requests a radiology request in the computer database, the patient checks in at the radiology front desk with their military ID. Patients may bring prescriptions from local civilian providers and the 509 MDG radiology department will take their x-rays.

The radiology department provides "one-stop shopping mammography," with additional views available. The patient will receive results usually within 14 days via a mailed letter of explanation.

### **Film Loan Policies**

Requests for the temporary sign-out of radiographs can only be made through the radiology reception desk. Radiograph copies will be furnished to patients that need them for off-base appointments. Patients will be allowed to carry routine radiographs to in-house providers immediately after they are taken.

Patients PCSing or retiring may permanently sign-out original radiographs for the sponsor and family members with a copy of their orders. This is especially important with mammography radiographs. Your new provider will need the actual films to compare with any new examinations you may require.

## **Optometry Clinic**

Optometry services are limited to active duty patients. Active duty family member TRICARE Prime beneficiaries are authorized one routine exam with a civilian network provider per year. Retirees, their families, and TRICARE Plus patients are authorized one exam every other year with a civilian network provider. Primary Care Managers (PCM) may authorize additional exams if warranted due to a medical condition (e.g., diabetes, glaucoma). Beneficiaries with urgent eye problems (injuries, infection, and sudden vision loss) should contact the appointment desk for a same day appointment. If the problem cannot be treated by your PCM, you will be referred to the optometry clinic.

All patients should be prepared for eye dilation as part of their annual exam. Essentially, this means your vision may be blurred and you may be sensitive to bright lights for several hours after the exam. Contact lenses may be worn after the exam; however, glasses are preferred in most cases. A driver may not be necessary for everyone, but is recommended and helpful.

Military spectacles are provided to active duty and retired personnel with a current prescription less than one year old.

## **Immunizations Clinic**

Friday: 8:30 a.m. – 12:00 p.m. & 1:00 p.m. – 4:00 p.m.

Smallpox: Every Wednesday 7:30 a.m. – 12:00 p.m.

Yellow Fever: Every Wednesday 1:00 p.m. – 2:00 p.m.

TB Skin Testing: Every day except for Thurs (must be able to return to have it read 48-72 hrs later)

Children under the age of two months must have a well baby check prior to receiving any immunization. Well Baby clinic is located in the Pediatrics Clinic.

All parents **must** bring their child's social security card prior to receiving any immunizations. All patients over the age of 10 must bring a valid DOD I.D. card to receive any immunization and/or TB skin test.

## **Physical Therapy Clinic**

The goal of the Physical Therapy Element is to provide evidence-based care in order to expediently reduce pain and restore function following musculoskeletal injury or orthopedic surgery for Whiteman's active duty population. A combination of modalities may be used in speeding recovery, such as therapeutic exercise, joint manipulation & mobilization, electrical stimulation, ultrasound, taping & bracing, microwave diathermy, iontophoresis, spinal traction, and neuromuscular reeducation.

Physical Therapy accepts referrals from military and authorized civilian healthcare providers through the Referral Management Center. Appointments are booked through the Central Appointment Line, 687-2188, option 1, and then option 2. Handwritten scripts from off-base providers can be brought directly to the Physical Therapy clinic for scheduling. At your initial visit, the physical therapist will perform a comprehensive evaluation to determine your specific physical dysfunction or impairment. A unique treatment program will be designed for you with your goals in mind, consisting of either home exercises, in-clinic visits with the therapist and technicians, or both.

## **Dental**

### **Comprehensive dental care is provided for all AD personnel.**

Participation in the TRICARE Family Member Dental Plan (TDP) - for family members of active duty is highly recommended. As of 13 March 1995, family members of active duty personnel being reassigned to overseas locations must be dentally cleared. Family members on TDP will automatically be cleared for reassignment. Active duty sponsors are encouraged to establish family members with a local civilian dentist as soon as possible to prevent delays in the assignment process. For more information about TDP and how to enroll family members, contact the 509 MDG TRICARE office at 687- 2188, option 5, option 3, then option 1. Family members can enroll in TDP at the Base Military Personnel Flight Customer Service Section (687-6426)

A dental plan for military retirees is available by calling Delta Dental at (888) 838-8737.

Dental care for other than active duty patients in the Military Treatment facility is extremely limited and acquired on a space available basis only. (Space available means the patient can get an appointment if one is available the same day and the appointment type meets the patient's dental treatment needs.)

### **Emergency Dental Care**

Emergency treatment for acute infection, swelling, traumatic injury, or relief of pain is available at all times for active duty members. During normal duty hours, patients should call the dental clinic for an emergency appointment. Patients with urgent problems will be accepted on a walk-in basis. When the clinic is closed, the patient should call the after hour's number at 888-993-4945 to reach the on call dentist. Dependents should find out from their civilian dentists how to receive emergency care.

## **Mental Health Flight**

The Mental Health Clinic provides a variety of mental health services including: treatment of adults, psychological testing, and the use of various forms of treatment modalities with individuals, couples, and group therapy. Common issues seen are depression, stress, anxiety, sleep difficulties, communication skills, and marital conflict. Appointments can be made by calling the central appointment desk @ 687-2188, option 1, and then option 4.

**Family Advocacy Program (FAP):** FAP provides a myriad of services to help develop and foster greater family satisfaction and cohesion. The program is divided into three components:

1. Outreach: Provides classes, psycho-educational groups, in-services to increase marital satisfaction and improve parenting techniques. This program is 100% voluntary and is designed to enhance family unity and communication.
2. New Parents Support Program (NPSP): The New Parent Support Program is available for parents who are expecting and/or have children up to the age of three. This is an educational, home based program provided by a registered nurse. It provides parents useful information regarding breastfeeding, child development, parenting information and appropriate forms of discipline.
3. Maltreatment Program: This program is for families that have recently experienced or have ongoing family maltreatment issues. Families are provided support through individual, marital, family and group therapy. The goal, of course, is to avoid any future incidents of maltreatment.

**Special Needs Identification and Assignment Coordination Program (SNIAC):** Identifies family members with exceptional medical or educational conditions and assures the provision of required medical and/or special education services are available at gaining base during PCS. Enrollment is mandatory for family members with educational, emotional, or physical needs. Call 687-2188, option 1, and then option 4, to enroll.

### **Alcohol and Drug Abuse Prevention and Treatment Program**

The Air Force Medical Service recognizes alcoholism and drug addiction as progressive often chronic disorders that are preventable and treatable. Treatment, management, and rehabilitation services are provided Air Force-wide for active duty personnel. Referrals are either through command directed or self-referral with the goal to return the member to full duty status.

## Health and Wellness Center (HAWC)

Phone: 687-2188, option 4, and then option 5  
Located in the Fitness Center, Bldg. 2014, 777 Mitchell Ave  
Hours: 7:30am-4:30pm Monday-Friday

Services Include: Prevention awareness and health maintenance information on a variety of wellness topics: *Appointments are required for some services. Please call for individualized counseling sessions.*

### Information:

Blood Pressure	Men's / Women's Issues
Cholesterol	Nutrition
Cancer	Tobacco Cessation
Exercise/Fitness	Tobacco Quit lines
Heart Disease	Stress Management
Injury/Disease Prevention	Weight Management

### Check-Out:

Books  
Cookbooks  
DVDs / VHS tapes

### Classes / Services:

Blood Pressure Checks	Incentive Programs Offered
Carbon Monoxide (CO) Tests	Relaxation Chair
Cholesterol Lab Orders	"Simply Healthy" Classes
Fitness and Nutrition Education	Spinning Classes
"Healthy Hearts" Classes	Tobacco Medications on
Health Living Workshop	Demand (T-MOD)

### Healthwise Handbook – A Self-Care Guide

This is a great resource for treatment, prevention, health, and wellness information available at the HAWC. It gives you treatment plans to use at home and helps you decide when to contact your primary care manager.

## **Medical Records**

Patient medical records are pulled and delivered to appropriate treatment clinics routine prior to scheduled appointments. Records for same-day appointments are delivered upon request.

Although the medical record contains private health information about the patient, the original record is the property of the United States Government and must be maintained in the military healthcare facility. Medical information is carefully safeguarded in accordance with applicable laws. By order of the Assistant Secretary of Defense in charge of Health Affairs, all DOD medical facilities maintain a “closed” records system. The original medical records will not be released outside the DOD, or without your consent except in rare events.

### **Release of Information**

Upon separation, retirement, or if you require copies of your medical records for any reason, you will must complete a Request for Release of Medical Information. Please request your records at least 30 days in advance, if possible. Information is released upon receipt of the written request and signed authorization from the patient, which will include the sponsor's social security number. Clinic staff will help you complete your request and the Release of Information Office will notify you when your record copy is available. Phone requests will not be honored.

## **Third Party Collections Program**

### **What is Third Party Collections?**

- We charge commercial health insurance companies for care received in the base clinic.
- You will not be charged any deductible or co-payment for services at any military hospital, this charge only applies to insurance companies.

### **What do I need to do?**

- Please bring your insurance identification card with you each time you visit the clinic.
- All patients will be asked to complete and sign a DD Form 2569 once a year indicating whether they do or do not have such insurance.
- You will be asked to update the information once a year or whenever your coverage changes.

### **With your cooperation Third Party Collection will:**

- Result in the purchase of needed equipment and supplies.
- Help us increase the availability of healthcare services.
- Help meet your policy deductible without raising your premiums or costing you anything.
- The money is used to enhance the quality of care at the 509th Medical Group



## **Permanent Change of Station (PCS)**

Out-processing checklists at each base include the local TRICARE Service Center (TSC). When moving to a different region, you will have up to 30 days at the new site to enroll. Your old region will cover you for care until you enroll at the new region (See *Out of Area Care*).

Common questions we receive:

### **If my family moves to a different region, are we (active duty) automatically assigned a new Primary Care Manager?**

No. Visit your local TSC for PCM assignment. For family members, enrollment in TRICARE Prime is on a voluntary basis. If you move to a different region, you will have up to 30 days at the new site to enroll. Your old region will cover you for care until you enroll at the new region. Enrolled members will start a new 12-month enrollment period.

### **What do I do prior/before my PCS?**

Prior to your PCS please stop by the 509 MDG Patient Administration offices if you have questions or concerns. The 509 MDG Patient Administration offices offer administrative support for all relocations.

It is important that when the sponsor is notified of a PCS assignment, and a family member is enrolled in the Exceptional Family Member Program, he/she call 687-2188, option 1, then option4, immediately for an appointment. This will ease assignment delays.

When in-processing at your new assignment, you must transfer your enrollment from this region to your new location. Should unusual circumstances apply (i.e. four month TDY en route to PCS), contact the TRICARE Service Center or Military Beneficiary Counseling Assistance Coordinator (BCAC). <http://www.tricare.mil/bcacdcao/>

### **What should I do for care during my PCS?**

You should call your PCM for the region you are currently enrolled in (See *Out of Area Care*) or contact the nearest MTF.

## **Policy on Use of Chaperones**

A chaperone will always be offered by clinic personnel performing procedures that involve exposure, examination, or treatment of private body areas (i.e. genitalia, rectum, buttocks, or female breasts) on patients of the opposite gender. All patients have the right to a chaperone at any time.

All providers have the right to have a chaperone present. The provider has the right to refuse to examine a patient for a routine, non-emergent matter if the patient refuses a chaperone. If a patient declines a chaperone, and the provider decides to proceed with the exam, then the provider and a staff member must document that “patient declines chaperone” in the medical record.

In an emergent situation, examination of the patient will not be delayed because of difficulty in securing a chaperone. In such cases, the provider may proceed without a chaperone or use a chaperone that is not the same sex as the patient.

Patient/provider interactions that involve any questionable conduct should be immediately brought forth to the Chief of the Medical Staff.

## **Customer Satisfaction “Feedback” on Services at Whiteman AFB.**

### **Your opinion is important to us**

There are preaddressed customer comments cards located in each section of the 509<sup>th</sup> MDG. We value your opinion so please fill one out. You can drop it in the lock box also located in each section or send it via mail. [509 MDG Patient Admin@whiteman.af.mil](mailto:509_MDG_Patient_Admin@whiteman.af.mil).

Please help the medical facility commander provide the best possible care to all beneficiaries. If you have a concern, problem, question, or compliment please ask for the patient advocate for the section in question. If further assistance is needed, contact the 509 MDG Patient Advocate at 660-687-2188, option 5, and then option 2.

## **Translation Services**

Several of our staff members are available for translation assistance while you are in the MTF. Please notify the patient check-in window located in the main lobby if you have need of assistance.

## Prime Enrollment Fees

You may elect to pay by allotment, electronic funds transfer, credit card, cashier's check, or money order. You may not pay enrollment fees with cash. Payment can be submitted:

- online at [www.triwest.com/epay](http://www.triwest.com/epay)
- By mail to:  
TriWest Healthcare Alliance  
PO Box 43590  
Phoenix, AZ 85050-3590
- By phone at 1-888-TRIWEST (874-9378)
- In person at your local [TRICARE Service Center](#).

These costs are current as of Feb 24, 2009. For the most up-to-date cost information, please visit

<http://www.tricare.mil/mybenefit/home/Medical/Costs>.

For more information on Prime enrollment fees, visit [Enrollment Fees](#) at [www.tricare.mil](http://www.tricare.mil), or TriWest's [ePay](#) page.

Prime Enrollment Fees	
Active Duty Family Members (All Ranks)	
TRICARE Prime	No fees. Family members must <a href="#">enroll in Prime</a> to use the benefits; they are not automatically enrolled in Prime.
TRICARE Extra	N/A
TRICARE Standard	N/A
Retirees and Family Members	
TRICARE Prime	Individual - \$230 annually/ \$57.50 quarterly/ \$19.17 monthly Family - \$460 annually/ \$115 quarterly/ \$38.34 monthly
TRICARE Extra	N/A
TRICARE Standard	N/A

## **Military Treatment Facility Fees**

All three [TRICARE options](#) i.e. (Prime, Extra and Standard) allow beneficiaries to seek medical services at an MTF. Services rendered at the MTF (including pharmacy services) are free of charge to the beneficiary. While the MTF will try to accommodate all beneficiaries needing medical care, patients are generally seen according to whether or not appointment space is available. This is known as "space availability." Appointments at the MTF are scheduled in the following priority, according to space availability:

1. Emergency
2. Active Duty
3. Prime
4. Standard
5. Others, as available

## **Rights of Patients**

**MEDICAL CARE AND DENTAL CARE:** Patients have the right to reasonable access to quality care and treatment consistent with available resources and generally accepted standards. The patient has the right also to refuse treatment to the extent permitted by law and government regulations, and to be informed of the consequences of their refusal.

**RESPECTFUL TREATMENT:** Patients have the right to considerate and respectful care, with recognition of his or her personal values and/or beliefs.

**PRIVACY AND CONFIDENTIALITY:** Patients have the right, IAW Health Insurance Portability Accountability Act (HIPAA) and Air Force regulations, to security, privacy and confidentiality concerning health care.

**IDENTITY:** Patients have the right to know, at all times, the identity, professional status and professional credentials of health care personnel, as well as the name of the health care practitioner primarily responsible for their care.

**EXPLANATION OF CARE:** Patients have the right to have their diagnoses, treatments, procedures and prognoses of illnesses explained in terms they can be expected to understand. When it is not medically feasible to give such information to the patient, it will be provided to appropriate family members or surrogates.

**INFORMED CONSENT:** Patients have the right to be given, in non-clinical terms, information needed to make knowledgeable decisions on treatment options. Such information should include explanation of the procedure, anticipated complications, risks, benefits and alternative treatments available.

**RESEARCH PROJECTS:** Patients have the right to be advised if the medical facility proposes to engage in research associated with their care or treatment. The patient has the right to refuse to participate in any research projects. Currently, the 509 MDG does not participate in any research projects and does not have a local approving authority to do so.

**SAFE ENVIRONMENT:** Patients have the right to care and treatment in a safe environment which meets appropriate safety codes and is prudently and reasonably managed.

**MEDICAL FACILITY RULES AND REGULATIONS:** Patients have the right to be informed of the medical facility's rules and regulations that relate to patient or visitor conduct. The patient has the right to expect that explicit rules will be enforced for all.

**PATIENT COMPLAINTS:** Through the patient advocate, patients are entitled to information about the medical facility's mechanism for the initiation, review and resolution of patient complaints.

**TIMELINESS OF CARE:** Patients have the right to the most timely access and treatment that medical facility resources and medical circumstances allow.

**ADVANCED DIRECTIVES/LIVING WILLS:** In accordance with Missouri's Self-Determination Act of 1991, patients have the right to be provided information regarding their right to make advance directives concerning their medical care. Two avenues of advance directives are Living Wills and Durable Powers of Attorney. Patients obtain these through the base legal office.

**PATIENT REPRESENTATION:** The right of the patient's guardian, next of kin or a legally authorized responsible person to exercise, to the extent permitted by law, the rights delineated on behalf of the patient.

**PROTECTIVE SERVICES:** Patients have the right to access protective services such as Family Advocacy.

**ETHICS:** The patient has the right to participate in ethical questions that arise in the course of his/her care.

**PAIN MANAGEMENT:** Patients have the right to appropriate assessment and management of his/her pain.

**FILMING, RECORDING, PICTURES:** Any recording, pictures, or video of a patient acquired for medical reasons, such as, but not limited to, medical record keeping, consultation, or telemedicine, shall not be used otherwise without the patient's written permission.

## **Patient Conduct and Responsibilities**

**PROVIDING INFORMATION:** Patients must provide, to the best of their knowledge provide accurate and complete information about symptoms, past illnesses, hospitalizations, medications and other matters relating to their health. A patient must let his or her primary health care practitioner know whether he or she understands the treatment and what is expected of him or her.

**RESPECT AND CONSIDERATION:** Patients must consider the rights of other patients and health care personnel. This includes ensuring that they and their visitors comply with noise, smoking and visitor congestion policy. Patients must respect the property of other persons and the medical facility.

**COMPLIANCE WITH HEALTH CARE:** Patients are strongly encouraged to comply with the medical, dental and nursing treatment plan, including follow-up care recommended by health care personnel. This includes keeping appointments on time or notifying clinics when they cannot keep appointments. Patients that are non-compliant may be subject to disengagement from the Clinic and given a civilian provider.

**MEDICAL AND DENTAL RECORDS:** Patients must ensure they promptly return any medical documentation that they receive from any provider outside the MTF to the medical facility for review by his/her primary care manager, proper filing and maintenance. The HIPAA guidelines govern patient rights to their medical record and medical information.

**MEDICAL FACILITY RULES AND REGULATIONS:** Patients must follow general medical facility rules and regulations affecting patient and visitor conduct.

## **Staff Rights and Responsibilities**

Members of the Medical Group have the following rights and responsibilities:

The right to a safe work environment. When duties require working with potentially hazardous material, you have the right and obligation to obtain personal protective equipment and the training to properly employ its use and prevent potential injury.

The right to a supportive and culturally aware work environment where an individual is respected as an individual regardless of gender, race, ethnic background, moral or religious beliefs.

The right to a competency-based orientation tailored to your individual needs to provide the knowledge and skills necessary to meet the requirements of your job description and the goals of the organization.

The right to participate in the continuous process improvement of the organization by offering suggestions to your supervisors and to the executive leadership of the organization.

The right to receive information concerning the activities and events of importance and interest to the organization and the right to raise personal ethical concerns.

The right to be treated by patients and customers with the same dignity, respect and compassion with which patients are expected to treat them.

Staff members are responsible to report impaired providers, incompetent, unethical or illegal practices to their flight commander and the appropriate professional practice executive/authority. This is to safeguard the customer and the public when health care and safety are affected by such practice by any person.

Suspected and illegal practice will be processed IAW the Uniform Code of Military Justice (UCMJ) and other appropriate publications. Incompetent practice will be processed through peer review, privileging actions and other action appropriate for the specialty of the person found impaired or incompetent, and if appropriate, the UCMJ.

Staff members have the right to be excused from participating in any medical care that conflicts with their personal values, ethics or religious beliefs. The staff member must ensure that the patient's life is not endangered and that coverage of their function is accomplished by another health care provider who does not have a conflict and is trained to accomplish the task.



Staff members have the responsibility to identify, assess and report any type of suspected physical, mental, or sexual abuse, neglect or exploitation. Staff shall notify the Family Advocacy element of the 509 MDG of any such cases for cooperative evaluation and intervention. The patient's and any alleged perpetrator's rights and privacy will be appropriately protected in any case.

Staff have the responsibility to inform patients about the outcomes of their care when it is necessary, to include explanation of negative or unanticipated outcomes.

## Notes

## Notes